

A black and white photograph of the Arkansas State Capitol building, featuring a large dome and classical columns, with trees in the foreground.

Health Insurance **Enrollment Guide** *for Arkansas State Employees*

2007 PLAN YEAR

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What's New This Year?

Benefit Enhancements

Effective with the new State Employee health plan year on January 1, 2007, the following enhanced benefits will be available:

- **POS plans no longer require a referral form** for specialty physician Medical Doctors (MD's) or specialty physician Doctors of Osteopathy (DO's) in network.
- **Participants in the High Deductible PPO plan (HDPPO)** will also see a **reduction in front end deductibles**. The annual deductible for single coverage has been reduced from \$1500 down to \$1250 effective January 1, 2007. The annual deductible for family coverage has been reduced from \$3000 down to \$2500 effective on the same date.

New and Improved Health Risk Assessment

Everyone **MUST** complete an HRA each year to be eligible for a discount. You will be asked to answer a few more questions on this year's HRA, but in return you will receive a personalized wellness report based on your responses. The wellness report will summarize your identified health risks and offer information and resources you can use to work toward improving your health. The HRA will still be used to offer individuals a monthly discount on health insurance premiums. This year, a point system will calculate your overall health behavior score taking into account all five behaviors asked about on the HRA (physical activity, body mass index, safety belt use, alcohol consumption and tobacco use). Discounts will continue at the \$10 or \$20 per member per month rate. See page 5 for details.

Employee Benefits Division Introduces



The new plan year brings changes to the name of the health insurance program available to Arkansas state and public school members and retirees. ARHealth, provided by the Department of Finance and Administration's Employee Benefits Division, is now the name of the plan that is available to you. For the new plan year, you will receive one card that will serve as your health and pharmacy card. So this means you will no longer have to carry a card for medical and a card for pharmacy. Just show this card to your physician and to your pharmacy. Your new card will have the ARHealth logo, plus the logo of the benefit coordinator (i.e. Health Advantage, NovaSys, QualChoice) of the plan that you choose in the right hand corner of the card. You do not have to make any changes, other than any you may make during open enrollment. A new card (or cards) will be mailed to all plan members automatically by October 1, 2006.

RxBin: 601577	Copay: \$20/\$25
Grp/Plan: 0010040000	ER: \$100
Issuer: (80840)	Rx Copay: \$10/\$25/\$50
ID: 00 21547901	
Name: John Doe	
DOB: 04/27/1969	
Customer Service: XXX-XXX-XXXX www.xxxxxxxx.com Pre-Cert: XXX-XXX-XXXX	Benefit Coordinator Claims PO Box XXXXXX Little Rock, AR XXXXX



ATTENTION: This identification card does not constitute proof of eligibility. To verify benefits, eligibility, or for claim status, contact Customer Service at the number listed on the front of this card.

Emergency Care: For out of Network hospital admission, contact the benefit coordinator's customer service number listed on the front of this card within 24 hours.

Behavioral Health/Mental Health/Substance Abuse: All members, except for Medicare primary members, should contact CORPHEALTH at 1-866-378-1645.

Mental Health Claims: CORPHEALTH
1701 Centerview Dr., Suite 101
Little Rock, AR 72211

Pharmacy Program: This card serves as your medical and prescription drug card only if the RX copay or coverage information is listed on the front side.

Please call 1-800-880-1188 with pharmacy questions.

Demographic changes can be made online at www.ARBenefits.org. For eligibility requirements or for additional ID cards, contact Employee Benefits Division at 1-877-815-1017.

Outside AR & Network Affiliates: Please contact the number listed on the front of the card.

Resources Just For You!

Take this opportunity to complete an annual Health Risk Assessment this year during open enrollment!

What you get:

- Receive a discount on your insurance premium!
- Comprehensive Wellness Report based on your responses.
- Access to Health Information and Health Resources.
- Links to EBD sponsored wellness programs!

NEW & IMPROVED HRA!!

Employee Assistance Programs (EAP)

- ✓ Stress Reduction
- ✓ Finances
- ✓ Depression
- ✓ No additional cost
- ✓ Much More...

www.corphealth.com
866-378-1645

New!

Weight Management

- ✓ 6-week program
- ✓ No additional cost
- ✓ Goal Setting, Health Coaches, Tailored weight management plan

www.corphealth.com/arwellness
866-378-1645

Health Hint! BMI is used as a screening tool to identify possible weight problems for adults. However, BMI is not a direct measure of body fatness. BMI is calculated from an individual's weight which includes both muscle and fat. As a result, some individuals may have a high BMI but not have a percentage of body fat. To determine if excess weight is a health risk, a healthcare provider would need to perform further assessments. CHECK YOUR BMI BELOW ...

Body Mass Index (BMI) - Adult Chart
www.CDC.gov

New!

Nutrition Management

- ✓ No additional cost
- ✓ 8-week program
- ✓ Telephone Counseling
- ✓ Much More...

www.corphealth.com/arwellness
866-378-1645

Tobacco Cessation

- ✓ No additional cost
- ✓ Telephone counseling
- ✓ Pharmaceutical Therapy
- ✓ Much More...

www.arquitnow.com
866-378-1645

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Weight (in pounds)																
4'10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5" (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6" (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272

See page 5 for details on the Health Risk Assessment

Complete This Year's Health Risk Assessment

Take A Step Towards A Healthier You!

Simply log on to www.ARBenefits.org



or call (866)456-3950

October 1st - October 31st

(new enrollees will have a different deadline)

Answer A Few Simple Questions and Receive:

A Personalized Wellness Report

- This report uses your responses to outline your health behaviors and offers resources and suggestions for improving your health.
- Print out your report and bring it to your next doctor visit and discuss steps you can take to improve your health risks.

Access to Health & Wellness Resources Offered by the ARHealth

- Each report will detail well services offered by ARHealth/ ARWellness that may be useful to you that include:
 - Nutrition/Weight Management
 - Tobacco Cessation
 - EAP Services



Monthly Discounts on Your Health Insurance Premiums

- Complete the survey and receive an automatic \$10 a month discount on your health insurance premiums.
- An additional \$10 monthly discount may be awarded based on your overall wellness score.
- This year, the additional \$10 discount opportunity will be awarded based on all five health behaviors:
 - Physical Activity
 - Body Mass Index
 - Safety Belt Use
 - Alcohol Use
 - Tobacco Use
- This is an annual survey and must be taken each year for a future discount opportunity.

Improve your health over the next year and earn bigger rewards and better health in the future!

Who Can Help Me?

Benefit Coordinators under the ARHealth program

Arkansas Blue Cross & Blue Shield (offers PPO Plan)

P. O. Box 2181

Little Rock, AR 72203

Toll Free (800) 482-8416

E-mail customerserviceASE@arkbluecross.com

Web site address www.ArkansasBlueCross.com

Health Advantage (offers HMO and POS plans)

P. O. Box 8069

Little Rock, AR 72203

Toll Free (800) 482-8416

E-mail customerserviceASE@arkbluecross.com

Web site address www.healthadvantage-hmo.com

NovaSys Health (offers HMO, POS, PPO and HD PPO plans)

P. O. Box 25230

Little Rock, Arkansas 72221

Local Office (501) 975-4853

Toll Free (888) 870-8103

E-mail customerservice@novasyshealth.com

Web site address www.novasyshealth.com

QualChoice/QCA (offers HMO and POS plans)

10825 Financial Centre Parkway, Suite 400

Little Rock, AR 72211

Toll Free (800) 782-5246

Local Office (501) 228-7111

E-mail Select "Contact Us" button on website

Web site address www.qcark.com

Prescription Coverage for ARHealth program

NMHC Rx (National Medical Health Card Rx)

320 Executive Court, Suite 201

Little Rock, AR 72205

Toll Free (800) 880-1188

Web site address www.nmhcrx.com

Click on "contact us" and then go to "Member Services" to send an e-mail message.

NMHC Mail (Mail Order Pharmacy)

PO Box 407096

Ft. Lauderdale, FL 33340-7096

Toll Free (800) 881-1966

Web site address www.nmhcmail.com

Health Savings Account for HDPPPO plan participants

DataPath (DPAS - Data Path Administration Services)

1601 West Park Drive, Suite 9
Little Rock, AR 72204
Local Office (501) 687-6954
Toll Free (877) 685-0655
E-mail ASE@idpas.com
Web site address www.idpas.com
Online resource www.ArkansasHSA.com

Life Insurance

USAbLe Life

320 West Capitol, Suite 700
P.O. Box 1650
Little Rock, AR 72203
Toll Free Customer Service (800) 370-5854
Toll Free Life Claims (800) 648-0271
Local Office (501) 375-7200
Web site address www.usablelife.com

Behavioral Health, Mental Health & Substance Abuse

Corphealth / STAR EAP

1701 Centerview Dr., Suite 101
Little Rock, AR 72211
Toll Free (866)-378-1645
E-mail customerservice@corphealth.com
Web site address www.corphealth.com/members/memberslogin.htm

General Benefit Information & Assistance

Employee Benefits Division (EBD)

(Mailing address)
P.O. Box 15610
Little Rock, AR 72231-5610
(Physical address)
501 Woodlane St., Ste 500
Little Rock, AR 72201
Phone Numbers
Toll Free (877) 815-1017
Local Office (501) 682-9656
Online
Public web site address www.arkansas.gov/dfa/ebd
ARBenefits System web site address..... www.ARBenefits.org
General e-mail address AskEBD@dfa.state.ar.us

What Are My Choices Under the ARHealth Program?

The information provided below summarizes the differences in plan designs. Note: there are no pre-existing condition limitations when enrolling or changing plans. Also see the section, What Does Each Plan Cover, for details.

1. Health Maintenance Organization (HMO) offered by:

- * Health Advantage
- * NovaSys Health
- * QualChoice of Arkansas

Participants must select an in-network Primary Care Physician (PCP) to oversee all care. Out-of-network physician visits or services are not covered without prior approval.

2. Point of Service (POS) offered by:

- * Health Advantage
- * NovaSys Health
- * QualChoice of Arkansas

The POS plan has the same benefit structure as the HMO plan when in-network and PCP services are rendered. However, a referral form is not necessary for specialty physician Medical Doctors (MD's) or specialty physician Doctors of Osteopathy (DO's) in network.

Unlike the HMO plan, the POS plan allows you to seek out-of-network physician visits and hospital visits without prior approval. Out of network services are subject to deductibles and 30% coinsurance similar to the PPO plan.

3. Preferred Provider Organization (PPO) offered by:

- * Arkansas Blue Cross Blue Shield
- * NovaSys Health

The PPO plan offers the greatest number of in-network physicians and hospitals but deductibles apply before any benefits are paid.

4. High Deductible Preferred Provider Organization (HD PPO) offered by:

- * NovaSys Health

The HD PPO plan offers a wide variety of in-network physicians and hospitals, but a high deductible does apply before any benefits are paid. Pharmacy claims are paid by member and applied toward the plan deductible. The HD PPO plan is the ONLY plan that makes members eligible for the optional Health Savings Account benefit offered by DataPath Administrative Services (for more information, visit www.ArkansasHSA.com).

Please refer to the Summary Plan Descriptions, available from EBD by mail or online at www.ARBenefits.org, for more details. Also, please refer to benefit coordinator websites or customer service centers for the most current provider information.

Health Savings Accounts

Would you like to spend less of your paycheck on insurance and gain more control over how and when you spend your health care dollars? If you answered yes, a Health Savings Account (HSA) may be for you.

An HSA is a personal savings account that is an optional component of the HD PPO offered by NovaSys Health. The HD PPO has the lowest monthly premiums of any of the available plans. Plus, you can make contributions to the HSA, earn interest, and make withdrawals from the HSA for medical services, all TAX-FREE.

In order to take advantage of the HSA, you must be a member of the NovaSys Health HD PPO. This insurance plan has a \$1,250 deductible for single coverage and a \$2,500 deductible for family coverage, and unlike other plans, pharmacy costs apply toward the plan deductible. In addition, the lower monthly premiums allow you the extra money to put into your Health Savings Account.

The Benefits of a Health Savings Account

- **Reduced Insurance Premiums** – The rates for the HD PPO are the least expensive of any plan offered this year. Reducing your monthly premiums can provide you with a fantastic opportunity to save money and build up your HSA balance.
- **No “Use-it or Lose-it” Rule** – Any unused account balance in your HSA rolls over to be available in coming years.
- **Long-Term Savings** – Because your HSA funds can roll over from year to year, you can let your account grow and earn interest tax-free.
- **Portability** – You own your account, so when you retire or change jobs, your HSA goes with you.
- **More Take Home Pay** – Contributions are deducted on a pre-tax basis, decreasing your payroll tax and increasing your paycheck.
- **Additional Health Coverage** – You get more than just major medical insurance. You can also use your HSA to pay for expenses not usually covered by health plans, including dental, vision, long-term care insurance, prescription medication, and much more.
- **Easy Access** – The funds in your HSA can be withdrawn at any time and for any reason. Distributions for a qualified medical expense are tax-free; other distributions are subject to income and a 10% excise tax.
- **Catch up Contributions** – Individuals who are 55 or older can make an additional annual contribution of \$500.
- **For more Health Savings Accounts benefits, please visit www.ArkansasHSA.com.**

Is an HSA Right for You?

If your insurance last year was a “cost” instead of a “benefit,” then an HSA may be the solution you’ve been looking for. It is important to remember that low deductible plans have copays that don’t apply to the deductible. The HD PPO is different. With no copays, there are no hidden costs and you benefit from substantial savings through lower premiums.

How to Sign Up for an HSA

1. Enroll in the HD PPO offered by NovaSys Health. This is the **ONLY** plan that makes you eligible for the HSA.
2. Determine your contribution amount for pre-tax payroll deduction. You can contribute up to the maximum allowed by law, which is based on the deductible amount for the tier you select. If you elect Employee Only coverage, you can contribute up to \$1,250 a year; if you elect Employee & Spouse, Employee & Child(ren), or Employee & Family coverage, you can contribute up to \$2,500 a year.
3. Fill out a Salary Reduction Agreement (available from your agency's Insurance Representative). You may also make post-tax contributions to your account at any time.
4. Look for your Account Enrollment Form to be sent to your home address.
5. Complete the Account Enrollment Form and return it to DataPath Administrative Services (DPAS), your HSA Administrator.

Other Items to Consider:

- In order to participate in an HSA, you must be covered by a qualified high deductible health plan (NovaSys HD PPO is a qualified health plan), not have other non-qualified health coverage, and not be receiving Medicare benefits. For further clarification of HSA eligibility, go to www.ArkansasHSA.com or e-mail the HSA administrator at ASE@idpas.com.
- An HSA is an individual savings account just like any other savings account so certain bank fees apply, including a \$10 set-up fee and a \$2 monthly fee.
- Active Employees can have their HSA contributions processed as a Pre-Tax deduction from their paycheck, saving them Federal, State, and other payroll taxes. DPAS is the **ONLY** approved HSA provider for your state employee group.
- As you or your family members incur medical expenses, simply withdraw the money from your account. This can be done electronically through the Internet (www.ArkansasHSA.com) or by submitting a paper form to DPAS.

For more information about Health Savings Accounts, please visit www.ArkansasHSA.com.

NOTE: Another type of medical spending account, a Medical Flexible Spending Account (MFSA), is available through the State's cafeteria plan administrator. However, participation in both a Health Savings Account (described in the section above) and a Medical Flexible Spending Account is limited. Please contact DataPath Administrative Services, your cafeteria plan administrator, or your agency's Human Resources or Payroll office for details.

What Does Each Plan Cover?

Important Note: The only out-of-network services covered under the pure HMO plans are emergency services and insurance company authorized referrals. The Point of Service (POS) out-of-network reimbursement of the health plan to the provider is 70% of the health plan's approved charges, not of the provider or facility's billed charges. For a more detailed explanation of what each plan covers and what is excluded, please refer to the Summary Plan Description booklet.

Covered Benefits and Services*	HMO & POS			PPO		HDPPPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual	None	None	\$500	\$500	\$750	\$1,250	\$1,250
Deductible - Family	None	None	\$1,000	\$1,000	\$1,500	\$2,500	\$2,500
Lifetime Maximum	None	None	\$1,000,000	None	\$1,000,000	None	\$1,000,000
Annual Coinsurance Limit - Individual	Unlimited	\$1,000	\$4,000	\$2,000	\$2,500	\$2,500	\$5,000
Annual Coinsurance Limit - Family - Two Family members have to meet their individual out-of-pocket expenses	Unlimited	\$1,500	\$8,000	\$4,000	\$5,000	\$5,000	\$10,000
Allergy Services							
Injection with no office visit	\$0	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Services by Specialty Providers (office visit and testing)	\$25	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Ambulance Services							
Ground and Air Ambulance (limited to \$1000 per Member per Plan Year and does not include charges for emergency medications during transport)	\$0	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Behavioral Health and Substance Abuse Services							
Deductible	\$0 Individual \$0 Family		\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	Subject to same deductible as medical plan	
Copayment for traditional Out-Patient Services	\$25 copay/office visit		\$25 copay + 25% coinsurance	\$25 copay/office visit	\$25 copay + 25% coinsurance	20% coinsurance	30% coinsurance

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you do not follow the plan's referral procedures when visiting a specialist or hospital.

Covered Benefits and Services*	HMO & POS			PPO		HDPPPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**	In-Network	Out-of-Network	In-Network	Out-of-Network
Behavioral Health and Substance Abuse Services cont.							
Employee Assistance Program (EAP) Star EAP Telephonic Consultation and Face-to-Face Short Term/Brief Issue Resolution Counseling	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not covered	Not covered	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not covered	Up to eight (8) EAP sessions per episode with no copayment. Must call Arkansas Help Line at 1-866-378-1645	Not covered
Initial Behavioral Health Benefit	Must call Arkansas Help Line 1-866-378-1645	Not covered	Not covered	Must call Arkansas Help Line 1-866-378-1645	Not covered	Must call Arkansas Help Line 1-866-378-1645	Not covered
In-Patient Services	\$250 copay + 10% coinsurance per admission	\$300 copay + 35% coinsurance per admission		\$250 copay + 10% coinsurance per admission	\$300 copay + 35% coinsurance per admission	20% coinsurance	30% coinsurance
Out-Patient Services (Partial hospital/day treatment)	\$0 copay + 25% coinsurance			\$0 copay + 25% coinsurance		20% coinsurance	30% coinsurance
Out-Patient Services (Intensive Out-patient)	\$0 copay	\$125 copay first visits + 45% coinsurance		\$0 copay	\$125 copay first visits + 45% coinsurance	20% coinsurance	30% coinsurance
Out-of-Pocket Maximum (After copays and deductibles)	\$1,000 Individual \$1,500 Family	\$1,250 Individual \$1,875 Family	\$1,250 Individual \$1,875 Family	\$1,000 Individual \$1,500 Family	\$1,250 Individual \$1,875 Family	Subject to same deductible as medical plan	
Residential Treatment	10% coinsurance	35% coinsurance	35% coinsurance	10% coinsurance	35% coinsurance	20% coinsurance	30% coinsurance
Dental Care Services (see also "Preventative Care Services" section)							
Damage to non-diseased teeth due to accident/injury	\$25	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Diabetes Management Services - "Not Subject to DME/Medical Supplies annual maximum"							
Insulin Pump and Insulin Pump Supplies	20%	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Diabetic Supplies and Equipment - "except for insulin pump and supplies"	Prescription Card	Prescription Card	Prescription Card	Prescription Card	Prescription Card	Prescription Card	Prescription Card
Diabetic Self Management Training	\$25 per program	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you do not follow the plan's referral procedures when visiting a specialist or hospital.

Covered Benefits and Services*	HMO & POS			PPO		HDPPPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME) and Medical Supplies							
Limited to \$10,000 annual maximum.	\$0	20%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency Care Services							
Emergency Room Visit, Urgent Care Center, Observation Services	\$100	0%	0%	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Home Health Services							
Nursing Visits are limited to 120 visits per Member per Plan Year	\$0	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Home Intravenous (IV) Drugs and Solutions							
Home Intravenous (IV) Drugs and Solutions	\$0	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospice Care							
Hospice Care	\$0	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Hospital Services (Including Physician Services)							
Inpatient Services	\$250 per admission	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Diagnostic Services - Lab and X-ray	\$0	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Surgical Services (Facility Copayment applies)	\$100	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Injectable Medications							
Medications when covered by Benefit Coordinator (Subject to exclusions and limitations)	Office Copayment may apply	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Maternity and Family Planning Services							
Prenatal and Postnatal out-patient care (Copayment first visit only)	\$20	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you do not follow the plan's referral procedures when visiting a specialist or hospital.

Covered Benefits and Services*	HMO & POS			PPO		HDPPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity and Family Planning Services cont.							
Inpatient Maternity Services (Copayment per admission)	\$250 per admission	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Infertility Diagnostic evaluation and testing (Treatment for infertility is not a covered benefit under this plan. Infertility is covered up to diagnosis.)	\$25	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Infertility Testing (outpatient surgery Copayment may apply)	\$0	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Organ Transplant Services - must be pre-authorized by Benefit Coordinator							
Two transplants per Member per Lifetime. Up to \$10,000 lifetime limit for tavel and lodging when in conjunction with transplant services.	\$250 per admission	0%	Not Covered	Must be approved by Plan, then 20% coinsurance after deductible	Must be approved by Plan, then 30% coinsurance after deductible	Must be approved by Plan, then 20% coinsurance after deductible	Not Covered
Ostomy Supplies (for 3 month supply)							
Limited to a 3-month supply	\$0	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Pharmacy Benefit							
Prescription coverage amounts	\$5 Copay Prilosec OTC \$10 Copay Generic \$25 Copay Preferred Drugs \$50 Non-preferred Non-covered drugs 100% member responsibility			20% after deductible			
Preventive Care Services (must use In-Network providers)							
Dental Screenings - One (1) every six (6) months	\$25	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Care: first dollar coverage with no copayment, coinsurance or deductible.	\$0	0%	Not Covered	0%	Not Covered	0%	Not Covered
Vision Screenings - One (1) every twenty-four (24) months	\$25	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you do not follow the plan's referral procedures when visiting a specialist or hospital.

Covered Benefits and Services*	HMO & POS			PPO		HDPPPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Coinsurance**	In-Network	Out-of-Network	In-Network	Out-of-Network
Professional Services							
Primary Care Physician Visits	\$20	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Specialist Visits/Specialty Care Services	\$25	0%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Other Physician Services	\$0	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Prosthetic and Orthotic Devices							
You are limited to \$15,000 in prosthetic benefits per plan year.	\$0	20%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Reconstructive Surgery							
Correct defects due to Accident or Surgery.	Applicable Copayment	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Rehabilitation Services							
Inpatient Rehabilitation Services (Limited to 60 days per Member per Plan Year)	\$250 per admission	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient Rehabilitation Services - Physical, Occupational, and Speech Therapy: Chiropractic Services (Limited to 15 visits for each therapy per member per plan year)	\$0	20%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
Skilled Nursing Facility							
Limited to 60 Days per Member per Plan Year	\$250	10%	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible
TMJ - Temporomandibular Joint (TMJ) Dysfunction							
Covered when diagnosed as a medical condition (\$500 Lifetime Maximum per Member)	\$20 PCP \$25 Specialist	Applicable Coinsurance will apply if a procedure is performed	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible

*Some services may require pre-authorization. Contact your benefit coordinator for verification.

**Out-of-Network benefits may apply when you do not follow the plan's referral procedures when visiting a specialist or hospital.

Point of Service (POS) Out-of-Network

3-day stay cost example

Our plans are contracted with providers and facilities. If a member accesses services out-of-network (non-contracted provider or facility) the member will be balance billed. Services must be deemed medically necessary by the health plan. If services are not deemed medically necessary, the member will be responsible for the total charges of those services.

Hospital billed charges \$12,000.00
 Health Plan's allowable (3-day stay @ \$800.00 per day) \$2,400.00
 Difference (Member's responsibility) \$9,600.00

Health Plan's Financial Responsibility		Member's Financial Responsibility	
Health Plan's Allowable Charges	2,400.00	Health Plan's Allowable Charges	\$2,400.00
Less Member's Deductible	(500.00)	Less Member's Deductible	(500.00)
	<u>\$1,900.00</u>		<u>\$1,900.00</u>
Less Member's Coinsurance	(570.00)	Member's Coinsurance (30% of \$1,900.00)	\$570.00
Health Plan's Financial Responsibility	\$1,330.00		
		Difference between Billed and Allowed Charges	\$9,600.00
		Member's Financial Responsibility	
		Deductible	500.00
		Coinsurance	570.00
		Difference	9,600.00
		Total	\$10,670.00
In this example, the Health Plan pays 11% of billed charges.*		In this example the Member pays 89% of billed charges.*	

In this same example if the member stays in the network the health plan pays \$1,935.00 or 81% and the member pays \$465.00 or 19%.

What Else Comes With Those Plans?

Preventative Care Benefit

All of the health plans (HMO, POS, PPO and HD PPO) have a preventative health care benefit which includes NO COST annual examinations for adults and covered dependent children. These services are not subject to a copayment or deductible if obtained from an in-network provider. NOTE: Some benefits are limited. Please refer to the Summary Plan Description available from EBD, or contact your benefit coordinator for complete details.

Examples of services covered under this benefit are: annual wellness examination, routine gynecological examination, well child care, prostate specific antigen testing, colorectal cancer screening, colonoscopy, immunizations, cholesterol and HDL screening, some cancer screenings, and screening mammograms.

Please see complete list of covered services and additional details in the Summary Plan Description (SPD) booklets available from the Employee Benefits Division and online at www.ARBenefits.org.

The following criteria must be met to take advantage of this benefit:

1. Use in-network physicians and facilities– review your health plan’s provider directory for an up-to-date list of participating providers
2. Get the preventative services from the following types of physicians only:
 - Primary Care Physician (PCP)
 - o General Practitioner
 - o Family Practitioner
 - o Pediatrician (for children)
 - o Internal Medicine Physician
 - Obstetrician/Gynecologist (Ob/Gyn)
3. Preventative services must be claimed separately from non-preventative services in order to be paid with no copayment or coinsurance. Do not combine your annual wellness visit with services that are not preventative or screening in nature.

Use of these services and the associated cost to the health plan will not count against any deductible or annual out-of-pocket limit.

Note: The HMO and POS plan preventative dental and vision services require a \$25 copayment per visit.

How Much Will It Cost Me?

Arkansas State Health Plan Options & Rates for Active Employees

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

			No HRA		HRA Discounts				
	Total Monthly Premium	State Contribution and Reserve Allocation	Total Monthly Employee Cost	24thly Employee Cost	One Level I	One Level II	Two Level I	One Level I & One Level II	Two Level II
Employee Only									
BCBS PPO	\$469.74	(\$254.56)	\$215.18	\$107.59	\$102.59	\$97.59	N/A	N/A	N/A
NovaSys PPO	\$461.46	(\$254.56)	\$206.90	\$103.45	\$98.45	\$93.45	N/A	N/A	N/A
Health Advantage POS	\$349.38	(\$254.56)	\$94.82	\$47.41	\$42.41	\$37.41	N/A	N/A	N/A
NovaSys POS	\$341.98	(\$254.56)	\$87.42	\$43.71	\$38.71	\$33.71	N/A	N/A	N/A
QualChoice POS	\$388.20	(\$254.56)	\$133.64	\$66.82	\$61.82	\$56.82	N/A	N/A	N/A
Health Advantage HMO	\$341.72	(\$254.56)	\$87.16	\$43.58	\$38.58	\$33.58	N/A	N/A	N/A
NovaSys HMO	\$334.32	(\$254.56)	\$79.76	\$39.88	\$34.88	\$29.88	N/A	N/A	N/A
QualChoice HMO	\$374.00	(\$254.56)	\$119.44	\$59.72	\$54.72	\$49.72	N/A	N/A	N/A
NovaSys HD PPO	\$297.32	(\$254.56)	\$42.76	\$21.38	\$16.38	\$11.38	N/A	N/A	N/A
Employee & Spouse									
BCBS PPO	\$1,120.96	(\$500.36)	\$620.60	\$310.30	\$305.30	\$300.30	\$300.30	\$295.30	\$290.30
NovaSys PPO	\$1,101.08	(\$500.36)	\$600.72	\$300.36	\$295.36	\$290.36	\$290.36	\$285.36	\$280.36
Health Advantage POS	\$832.10	(\$500.36)	\$331.74	\$165.87	\$160.87	\$155.87	\$155.87	\$150.87	\$145.87
NovaSys POS	\$814.34	(\$500.36)	\$313.98	\$156.99	\$151.99	\$146.99	\$146.99	\$141.99	\$136.99
QualChoice POS	\$925.22	(\$500.36)	\$424.86	\$212.43	\$207.43	\$202.43	\$202.43	\$197.43	\$192.43
Health Advantage HMO	\$813.70	(\$500.36)	\$313.34	\$156.67	\$151.67	\$146.67	\$146.67	\$141.67	\$136.67
NovaSys HMO	\$796.58	(\$500.36)	\$296.22	\$148.11	\$143.11	\$138.11	\$138.11	\$133.11	\$128.11
QualChoice HMO	\$891.16	(\$500.36)	\$390.80	\$195.40	\$190.40	\$185.40	\$185.40	\$180.40	\$175.40
NovaSys HD PPO	\$707.10	(\$500.36)	\$206.74	\$103.37	\$98.37	\$93.37	\$93.37	\$88.37	\$83.37
Employee & Child(ren)									
BCBS PPO	\$700.22	(\$343.12)	\$357.10	\$178.55	\$173.55	\$168.55	N/A	N/A	N/A
NovaSys PPO	\$687.80	(\$343.12)	\$344.68	\$172.34	\$167.34	\$162.34	N/A	N/A	N/A
Health Advantage POS	\$519.68	(\$343.12)	\$176.56	\$88.28	\$83.28	\$78.28	N/A	N/A	N/A
NovaSys POS	\$508.58	(\$343.12)	\$165.46	\$82.73	\$77.73	\$72.73	N/A	N/A	N/A
QualChoice POS	\$577.88	(\$343.12)	\$234.76	\$117.38	\$112.38	\$107.38	N/A	N/A	N/A
Health Advantage HMO	\$508.16	(\$343.12)	\$165.04	\$82.52	\$77.52	\$72.52	N/A	N/A	N/A
NovaSys HMO	\$497.28	(\$343.12)	\$154.16	\$77.08	\$72.08	\$67.08	N/A	N/A	N/A
QualChoice HMO	\$556.58	(\$343.12)	\$213.46	\$106.73	\$101.73	\$96.73	N/A	N/A	N/A
NovaSys HD PPO	\$441.54	(\$343.12)	\$98.42	\$49.21	\$44.21	\$39.21	N/A	N/A	N/A
Employee & Family									
BCBS PPO	\$1,242.20	(\$547.84)	\$694.36	\$347.18	\$342.18	\$337.18	\$337.18	\$332.18	\$327.18
NovaSys PPO	\$1,220.24	(\$547.84)	\$672.40	\$336.20	\$331.20	\$326.20	\$326.20	\$321.20	\$316.20
Health Advantage POS	\$923.24	(\$547.84)	\$375.40	\$187.70	\$182.70	\$177.70	\$177.70	\$172.70	\$167.70
NovaSys POS	\$903.64	(\$547.84)	\$355.80	\$177.90	\$172.90	\$167.90	\$167.90	\$162.90	\$157.90
QualChoice POS	\$1,026.10	(\$547.84)	\$478.26	\$239.13	\$234.13	\$229.13	\$229.13	\$224.13	\$219.13
Health Advantage HMO	\$902.94	(\$547.84)	\$355.10	\$177.55	\$172.55	\$167.55	\$167.55	\$162.55	\$157.55
NovaSys HMO	\$884.06	(\$547.84)	\$336.22	\$168.11	\$163.11	\$158.11	\$158.11	\$153.11	\$148.11
QualChoice HMO	\$988.46	(\$547.84)	\$440.62	\$220.31	\$215.31	\$210.31	\$210.31	\$205.31	\$200.31
NovaSys HD PPO	\$785.20	(\$547.84)	\$237.36	\$118.68	\$113.68	\$108.68	\$108.68	\$103.68	\$98.68

Arkansas State Health Plan Options & Rates for COBRA

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

	No HRA	HRA Discounts				
	Total Monthly Premium	One Level I	One Level II	Two Level I	One Level I & One Level II	Two Level Two
Employee Only						
BCBS PPO	\$479.13	\$469.13	\$459.13	N/A	N/A	N/A
NovaSys PPO	\$470.69	\$460.69	\$450.69	N/A	N/A	N/A
Health Advantage POS	\$356.37	\$346.37	\$336.37	N/A	N/A	N/A
NovaSys POS	\$348.82	\$338.82	\$328.82	N/A	N/A	N/A
QualChoice POS	\$395.96	\$385.96	\$375.96	N/A	N/A	N/A
Health Advantage HMO	\$348.55	\$338.55	\$328.55	N/A	N/A	N/A
NovaSys HMO	\$341.01	\$331.01	\$321.01	N/A	N/A	N/A
QualChoice HMO	\$381.48	\$371.48	\$361.48	N/A	N/A	N/A
NovaSys HD PPO	\$303.27	\$293.27	\$283.27	N/A	N/A	N/A
Employee & Spouse						
BCBS PPO	\$1,143.38	\$1,133.38	\$1,123.38	\$1,123.38	\$1,113.38	\$1,103.38
NovaSys PPO	\$1,123.10	\$1,113.10	\$1,103.10	\$1,103.10	\$1,093.10	\$1,083.10
Health Advantage POS	\$848.74	\$838.74	\$828.74	\$828.74	\$818.74	\$808.74
NovaSys POS	\$830.63	\$820.63	\$810.63	\$810.63	\$800.63	\$790.63
QualChoice POS	\$943.72	\$933.72	\$923.72	\$923.72	\$913.72	\$903.72
Health Advantage HMO	\$829.97	\$819.97	\$809.97	\$809.97	\$799.97	\$789.97
NovaSys HMO	\$812.51	\$802.51	\$792.51	\$792.51	\$782.51	\$772.51
QualChoice HMO	\$908.98	\$898.98	\$888.98	\$888.98	\$878.98	\$868.98
NovaSys HD PPO	\$721.24	\$711.24	\$701.24	\$701.24	\$691.24	\$681.24
Employee & Child(ren)						
BCBS PPO	\$714.22	\$704.22	\$694.22	N/A	N/A	N/A
NovaSys PPO	\$701.56	\$691.56	\$681.56	N/A	N/A	N/A
Health Advantage POS	\$530.07	\$520.07	\$510.07	N/A	N/A	N/A
NovaSys POS	\$518.75	\$508.75	\$498.75	N/A	N/A	N/A
QualChoice POS	\$589.44	\$579.44	\$569.44	N/A	N/A	N/A
Health Advantage HMO	\$518.32	\$508.32	\$498.32	N/A	N/A	N/A
NovaSys HMO	\$507.23	\$497.23	\$487.23	N/A	N/A	N/A
QualChoice HMO	\$567.71	\$557.71	\$547.71	N/A	N/A	N/A
NovaSys HD PPO	\$450.37	\$440.37	\$430.37	N/A	N/A	N/A
Employee & Family						
BCBS PPO	\$1,267.04	\$1,257.04	\$1,247.04	\$1,247.04	\$1,237.04	\$1,227.04
NovaSys PPO	\$1,244.64	\$1,234.64	\$1,224.64	\$1,224.64	\$1,214.64	\$1,204.64
Health Advantage POS	\$941.70	\$931.70	\$921.70	\$921.70	\$911.70	\$901.70
NovaSys POS	\$921.71	\$911.71	\$901.71	\$901.71	\$891.71	\$881.71
QualChoice POS	\$1,046.62	\$1,036.62	\$1,026.62	\$1,026.62	\$1,016.62	\$1,006.62
Health Advantage HMO	\$921.00	\$911.00	\$901.00	\$901.00	\$891.00	\$881.00
NovaSys HMO	\$901.74	\$891.74	\$881.74	\$881.74	\$871.74	\$861.74
QualChoice HMO	\$1,008.23	\$998.23	\$988.23	\$988.23	\$978.23	\$968.23
NovaSys HD PPO	\$800.90	\$790.90	\$780.90	\$780.90	\$770.90	\$760.90

Arkansas State Health Plan Options & Rates for Leave Without Pay (LWOP)

Effective January 1, 2007 - December 31, 2007, Self-Insured Health Plan

	No HRA		HRA Discounts				
	Total Monthly Premium	24thly Employee Cost	One Level I	One Level II	Two Level I	One Level I & One Level II	Two Level II
Employee Only							
BCBS PPO	\$474.34	\$237.17	\$232.17	\$227.17	N/A	N/A	N/A
NovaSys PPO	\$466.06	\$233.03	\$228.03	\$223.03	N/A	N/A	N/A
Health Advantage POS	\$353.98	\$176.99	\$171.99	\$166.99	N/A	N/A	N/A
NovaSys POS	\$346.58	\$173.29	\$168.29	\$163.29	N/A	N/A	N/A
QualChoice POS	\$392.80	\$196.40	\$191.40	\$186.40	N/A	N/A	N/A
Health Advantage HMO	\$346.32	\$173.16	\$168.16	\$163.16	N/A	N/A	N/A
NovaSys HMO	\$338.92	\$169.46	\$164.46	\$159.46	N/A	N/A	N/A
QualChoice HMO	\$378.60	\$189.30	\$184.30	\$179.30	N/A	N/A	N/A
NovaSys HD PPO	\$301.92	\$150.96	\$145.96	\$140.96	N/A	N/A	N/A
Employee & Spouse							
BCBS PPO	\$1,125.56	\$562.78	\$557.78	\$552.78	\$552.78	\$547.78	\$542.78
NovaSys PPO	\$1,105.68	\$552.84	\$547.84	\$542.84	\$542.84	\$537.84	\$532.84
Health Advantage POS	\$836.70	\$418.35	\$413.35	\$408.35	\$408.35	\$403.35	\$398.35
NovaSys POS	\$818.94	\$409.47	\$404.47	\$399.47	\$399.47	\$394.47	\$389.47
QualChoice POS	\$929.82	\$464.91	\$459.91	\$454.91	\$454.91	\$449.91	\$444.91
Health Advantage HMO	\$818.30	\$409.15	\$404.15	\$399.15	\$399.15	\$394.15	\$389.15
NovaSys HMO	\$801.18	\$400.59	\$395.59	\$390.59	\$390.59	\$385.59	\$380.59
QualChoice HMO	\$895.76	\$447.88	\$442.88	\$437.88	\$437.88	\$432.88	\$427.88
NovaSys HD PPO	\$711.70	\$355.85	350.85	\$345.85	\$345.85	\$340.85	\$335.85
Employee & Child(ren)							
BCBS PPO	\$704.82	\$352.41	\$347.41	\$342.41	N/A	N/A	N/A
NovaSys PPO	\$692.40	\$346.20	\$341.20	\$336.20	N/A	N/A	N/A
Health Advantage POS	\$524.28	\$262.14	\$257.14	\$252.14	N/A	N/A	N/A
NovaSys POS	\$513.18	\$256.59	\$251.59	\$246.59	N/A	N/A	N/A
QualChoice POS	\$582.48	\$291.24	\$286.24	\$281.24	N/A	N/A	N/A
Health Advantage HMO	\$512.76	\$256.38	\$251.38	\$246.38	N/A	N/A	N/A
NovaSys HMO	\$501.88	\$250.94	\$245.94	\$240.94	N/A	N/A	N/A
QualChoice HMO	\$561.18	\$280.59	\$275.59	\$270.59	N/A	N/A	N/A
NovaSys HD PPO	\$446.14	\$223.07	\$218.07	\$213.07	N/A	N/A	N/A
Employee & Family							
BCBS PPO	\$1,246.80	\$623.40	\$618.40	\$613.40	\$613.40	\$608.40	\$603.40
NovaSys PPO	\$1,224.84	\$612.42	\$607.42	\$602.42	\$602.42	\$597.42	\$592.42
Health Advantage POS	\$927.84	\$463.92	\$458.92	\$453.92	\$453.92	\$448.92	\$443.92
NovaSys POS	\$908.24	\$454.12	\$449.12	\$444.12	\$444.12	\$439.12	\$434.12
QualChoice POS	\$1,030.70	\$515.35	\$510.35	\$505.35	\$505.35	\$500.35	\$495.35
Health Advantage HMO	\$907.54	\$453.77	\$448.77	\$443.77	\$443.77	\$438.77	\$433.77
NovaSys HMO	\$888.66	\$444.33	\$439.33	\$434.33	\$434.33	\$429.33	\$424.33
QualChoice HMO	\$993.06	\$496.53	\$491.53	\$486.53	\$486.53	\$481.53	\$476.53
NovaSys HD PPO	\$789.80	\$394.90	\$389.90	\$384.90	\$384.90	\$379.90	\$374.90

What Can I Do During Open Enrollment?

This is your annual opportunity to enroll or make changes to your health plan coverage. Outside of this month, changes, additions or cancellations cannot be made except under limited circumstances.

During the October open enrollment you can:

- Enroll for the first time, no preexisting condition limitations
- Add or drop dependents from your plan
- Change plans or benefit coordinators
- Take the Health Risk Assessment (HRA)

How do I enroll or make changes?

Manual Enrollment

Contact your agency's administrative office to get the appropriate form. Fill out by hand, sign and turn in. Your agency's benefits staff will work with EBD and take care of the rest.

Online Benefits Enrollment

EBD has implemented a health insurance self service module through a system called "ARBenefits." This will be the preferred and recommended method of enrolling or making a change to your Plan during this open enrollment period. Completing this task online is the most efficient way.

Go to www.ARBenefits.org to complete online enrollment. If you are new to ARBenefits online, you will need to complete the online registration by clicking on the New User link. A User ID and password will be assigned to you after you have entered all the necessary information and accepted the terms and conditions. Once those are received, you will have immediate access to complete your enrollment or change for the 2007 plan year. You **must** print a copy of your enrollment confirmation or changes, sign and take it to your agency's benefits office. This allows them to approve your request and make the appropriate updates in the payroll system.

Other features available for you at www.ARBenefits.org:

- Search for Primary Care Physicians (PCPs) in your plan's network.
- Update your PCP selection without contacting EBD or the benefit coordinator.
- Print Benefit Confirmation sheets so that you have a hard copy of your current benefit selections.
- Access to up-to-date information about your health benefits such as announcements, forms and publications.
- Complete the Health Risk Assessment from the home page.

But I Have A Question!

If I'm an active employee not currently participating in the Health Insurance Program, may I enroll now?

Yes. If you want health insurance coverage this next plan year, you must enroll during this enrollment period. Unless you or your dependents qualify under the following federal laws, you cannot enroll during the remainder of the year:

- You or your eligible dependents have lost other health insurance coverage through no action of your own.
- You have acquired a new eligible dependent through marriage, birth, adoption or placement for adoption.

NOTE: Voluntary termination from another plan does not qualify you to enroll in this plan outside of the open enrollment period.

Do I have to complete a new enrollment form this year?

No, not if you want to retain your current health insurance plan selection.

What if I want to change my health insurance plan?

Submit your completed enrollment form online, or to your agency's benefit office. Your agency will have the forms as well as the due date, which will be sometime in October. New PCP referrals must be obtained when changing from one insurance carrier to another.

If I change to a new plan during enrollment, will I be subject to pre-existing condition limitations?

No. Therefore, it is not necessary to show proof of prior health insurance coverage upon application or change.

Are the network providers in my current plan remaining the same?

There are frequent changes in every network; therefore, please check the provider directories. For the latest network information call the benefit coordinators or visit their web sites.

Do I have to select the same PCP for my entire family?

No. Each member of your family may select a different Primary Care Physician (PCP). Female plan members under Health Advantage, QualChoice or NovaSys plans can seek obstetrical or gynecological care without a PCP referral if the provider is in that company's network.

What is the difference between an HMO and the POS plan?

An HMO offers no out-of-network benefits except in cases of dire emergency or special insurance company pre-authorized out-of-network referrals. An HMO requires a member to obtain a referral from their Primary Care Physician. If referrals are not obtained from the Primary Care Physician the claim will be denied. POS plans offer an HMO benefit when an insured stays in network. A referral form is not required when visiting specialty physician Medical Doctors (M.D's) or specialty physician Doctors of Osteopathy (D.O's) in network. For other specialty services (i.e., Chiropractors, Registered Nurse Practitioners, social workers, etc.) a referral form is still required.

The POS benefit is generally designed for people that want the flexibility to access health care both in-network and out-of-network without obtaining a referral from the Primary Care Physician. The POS benefit allows you to go out-of-network, just *remember that 70% of maximum allowable payment is not 70% of billed charges* (see example on page 16). The POS benefit can be used for members who reside out of state also, because you can use providers that are not in the network. The HMO is not designed for members who live out of state, as there are no benefits outside the network. Most networks are only statewide. There are a few exceptions to that rule if you reside in a border city such as Texarkana, West Memphis, etc. Please contact your specific HMO carrier to determine if networks are available to you in the border cities.

What is a PPO and how does a PPO differ from an HMO and POS?

A PPO is most like an Indemnity Plan. In a PPO Plan, a member has a separate deductible and a separate coinsurance for both in and out of network services. If the member stays in the statewide PPO network it is likely that the plan will pay a higher reimbursement than if the member accesses care outside the PPO network.

What is the difference between the PPO and the HD (High Deductible) PPO plans?

The deductibles are different and the HD PPO plan allows voluntary participation in a separate Health Savings Account (HSA). For the HD PPO, the prescription benefits and mental / behavioral health benefits are subject to the whole plan's deductible before benefits are paid. See "What Does Each Plan Cover?"

Are my child's immunizations covered?

State mandated immunizations are a covered benefit for children up to age 18. Some adult immunizations are a covered benefit including the flu immunization. See "Preventative Care Benefit" information on page 17 in this booklet.

How can my children who are in college IN-STATE access my POS or HMO Plan?

Routine non-emergency medical services are paid according to "in" and "out-of-network" rules. A network provider located in the college town qualifies as "in-network," just like a hometown in-network physician. We recommend your child select a PCP in their college town. Emergency services, regardless of the provider used, are paid "in-network." Charges incurred at a school infirmary are not covered.

My child will be attending college out of state. How will he/she be covered?

Call your benefit coordinator to inquire if a guest membership is available for out-of-state students. If not, they can recommend the plan that will work the best for your child's situation and location.

If my PCP discontinues participation in my carrier's network after the enrollment period, may I change plans?

Plan changes mid-year are rarely allowed. Only in cases of documented lack of access to providers will a mid-year enrollment be permitted. For example, in the event a county loses all of its network providers in a particular plan, a "special" re-enrollment would permit all plan participants in that county to select another plan. The decision to allow a special enrollment comes from the Employee Benefits Division (EBD).

Must I pay anything before adding my newborn or newly adopted child to my insurance coverage?

Yes. You must pay the appropriate premium for the entire month in which the baby is born (or adopted) for the child to be covered. For example, if your baby is born on the 25th of the month, you owe the additional premium to cover the child for that entire month.

My child was insured through ARKids First, their coverage will expire on January 15th. Can I get coverage through this plan on January 16th?

No. Insurance will become effective the 1st of the following month after you apply; you must apply within 30 days after a qualifying event.

Notes:

EBD

Department of Finance
and Administration

P.O. Box 15610

Little Rock, Arkansas 72231

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**This publication contains
important health insurance
information.**

